

Anaphylaxis



The Basics

Anaphylaxis (a-na-fi-LAX-is) is a life-threatening allergic reaction that is rapid in onset and may cause death, either through swelling that shuts off airways or through a significant drop in blood pressure.

Anaphylaxis Triggers

Anaphylaxis can be triggered by:

- Insect stings
- Medications
- Latex
- Exercise

Anaphylaxis Signs and Symptoms

According to a 2010 article in *The Journal of Allergy and Clinical Immunology*, symptoms vary and can affect several areas of the body:

Central nervous system (up to 15% of episodes):

Feelings of uneasiness, throbbing headache, dizziness, confusion, tunnel vision

Skin (up to 90% of episodes):

Hives, itching, flushing, itching and swelling of lips, tongue, uvula/palate

Airway (up to 70% of episodes):

Shortness of breath, chest tightness, wheezing, itchy throat, hoarseness and cough

Cardiovascular system (up to 45% of episodes):

Hypotension, chest pain, fast heart rate, weak pulse, dizziness, fainting

Gastrointestinal system (up to 45% of episodes):

Nausea, cramping, abdominal pain, vomiting, diarrhea

The Top Eight Food Allergens

The most common food allergens that can cause anaphylaxis are:

- Cow's milk
- Eggs
- Wheat
- Soybeans
- Peanuts
- Tree nuts (walnuts, cashews, pistachios, pecans, etc.)
- Fish
- Shellfish

Are You at Risk? Talk to Your Doctor

Anyone can develop a life-threatening allergy at any time in life, but certain factors may increase the potential to experience anaphylaxis. These include:

- History of a previous (mild or moderate) allergic reaction
- Age (adolescents and young adults)
- History of asthma or other chronic respiratory diseases
- Severe allergic rhinitis or eczema
- Ischemic heart disease
- Medications
- Immunotherapy (allergy shots)

It is important to note that only a health care professional (HCP) can determine an individual's potential to experience a life-threatening allergic reaction. If you think you may be at risk, talk to your HCP today.

There is no cure for anaphylaxis or food allergies. Avoidance of allergic triggers is the critical first step to prevent a serious health emergency; however, accidental exposure may still happen.

Treatment with Epinephrine

According to food allergy guidelines released in December 2010 by the National Institute of Allergy and Infectious Diseases (NIAID), a division of the National Institutes of Health (NIH), epinephrine is the first-line treatment for anaphylaxis and should be available at all times to people at risk for anaphylaxis.

Antihistamines are not indicated to treat the life-threatening symptoms of anaphylaxis. Antihistamines are useful for relieving itching and hives. They do not relieve shortness of breath, wheezing, gastrointestinal symptoms or shock. Therefore, antihistamines should be considered adjunctive therapy and should not be substituted for epinephrine.

Did You Know?

- Approximately one in 13 children in the U.S. has a food allergy.
- Even trace amounts of a food allergen can cause a reaction in someone who is allergic.
- By law, the eight major allergens must be noted on all packaged food labels, either in the ingredient list or on a separate allergen statement.
- There is no definitive answer as to why food allergies are increasing. One theory, called the hygiene hypothesis, suggests that modern hygienic processes and a generally more sterile environment have reduced exposure to certain bacteria. To compensate, the immune system is conditioned toward an allergic state.
- The use of antihistamines is the most common reason reported for not using epinephrine and may place a patient at significantly increased risk for progression toward a life-threatening allergic reaction.

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